



GENERAL APPLICATION FORM
City of Redmond Department of Planning and Community Development
15670 NE 85th Street, P.O. Box 97010, Redmond, WA 98073-9710

This form must be completed (clearly printed or typed) to file an application. Additional materials are required for specific types of applications. For questions, contact the Permit Center at (425) 556-2473. All applications must be filed in person.

FOR STAFF USE ONLY

File No.:	Type of Review Process (circle one): I II III IV V VI	Received By:	Date Received:
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BASIC PROJECT INFORMATION

Project / Development Name:		
Project / Development Street Location:		
Assessor Parcel Number (include 10-digit parcel number for all parcels within project boundaries):		
Land Area of Project Site (sq. ft. or acres):		Zoning:

ADDITIONAL PROJECT INFORMATION (complete all applicable information)

Brief Project Description:	
Type of Proposed Use:	
For Multi-Use Projects, Show Amounts for Each Use (in square feet): <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other	
Number of Existing Dwelling Units:	Number of Proposed Residential Dwelling Units:
Existing Building Sq. Ft. (non-residential):	Proposed Building Sq. Ft. (non-residential)
Number of Existing Lots:	Number of Proposed Lots:
Will any buildings be demolished: <input type="checkbox"/> no <input type="checkbox"/> yes. If yes, size in sq. feet _____; or number of dwelling units _____	

APPLICANT/DEVELOPER

Name (please print):	Phone #
Street Address	City State Zip
<i>(By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the authorization below.)**</i>	
Signature: _____	Date: _____

CONTACT (primary contact regarding this application if other than applicant, and to whom all notices and reports shall be sent)

Name (please print):	Phone #
Street Address	City State Zip
<i>(By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the authorization below.)**</i>	
Signature: _____	Date: _____

AUTHORIZATION TO FILE SIGNATURE (all persons with an ownership interest in property)

<table><tr><td>Name (please print):</td><td><input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser</td></tr><tr><td>Address</td><td><input type="checkbox"/> Option Purchaser*</td></tr><tr><td>Phone #: ()</td><td>Option Expiration Date: _____</td></tr><tr><td>Assessor Parcel Number</td><td></td></tr><tr><td colspan="2">Signature _____</td></tr></table>	Name (please print):	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser	Address	<input type="checkbox"/> Option Purchaser*	Phone #: ()	Option Expiration Date: _____	Assessor Parcel Number		Signature _____		FOR STAFF USE ONLY							
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**** Documentation demonstrating authorization to sign development applications on behalf of the Applicant/Developer is required.**